| U.S. Department of Transportation | Application for | | | | | | |
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| Reasons for Submission Number Location and Address Number Original Application for Certificate and Rating Change in Rating Change i | U.S. Department of Transportation Repair Sta | tion Certificate and/or Rating | | | | | |
| a. Official Name of Station Number | | 2 Reasons for Submission | | | | | |
| Onignia Application for Certification Onignia Application for Certificate and Rating Change in Rating Change in Rating Change in Causing and Focilities Change in Control Other (Specify) Other (Specify) | - | | | | | | |
| b. Location where business conducted Change in Rating Change in Location or Housing and Facilities Change in Control Location or Housing and Facilities Change in Covereship Other (Specify) d. Doing Business As: 3. Ratings Applied for: Allframe | a. Official Name of Station | | | | | | |
| C. Official Mailing Address of Repair Station (Number, Street, City, State & ZIP) d. Dong Business As: 3. Ratings Applied for: Airframe | | | | | | | |
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| d. Doing Business As: Airframe | o Official Mailing Address of Bonoir Station (Number Street City State 8.7 | Other (Specify) | | | | | |
| 3. Ratings Applied for: Airframe | c. Official Mailing Address of Repair Station (Number, Street, City, State & 2 | | | | | | |
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| Airframe | 3. Ratings Applied for: | <u> </u> | | | | | |
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| Accessories Limited Class 1 | | | | | | | |
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| Class 1 Airframe Accessories Fabric F | | | | | | | |
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| Class 3 Propeller Radio Non-Dest. Test 4. List of Maintenance Functions Contracted to Outside Agencies: 5. Applicant's Certification Name of Owner (Include name(s) of individual owner, all partners, or corporation name giving state and date of incorporation) I hereby certify that I have been authorize by the repair station identified in Item 1 above to make this application and that statements and attachments hereto are true and correct to the best of my knowledge. Date Authorized Signature Printed Name of Authorized Signer Title Agency Display of Estimated Burden: The FAA estimates that the average burden for this report form is 15 minutes per response. You may submit any comments regarding the accuracy of this burden estimate or any suggestions for reducing the burden to the Office of Management and Budget. Vou may also send comments to the Federal Aviation Administration, Aircraft Maintenance Division, AFS-300, 800 Independence Avenue, SW, Washington, | | Specialized Selvices (specify) | | | | | |
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| 7. Findings - Recommendations A. Station was found to comply with requirements of FAR 145. B. Station was found to comply with requirements of FAR 145. C. Recommend conflicate with rating applied for on application be issued. D. Recommend Certificate with rating applied for on application be issued. S. Office Signature(s) of Inspector(s) Printed Name(s) of Inspector(s) 10. Supervising or Assigned Inspector ACTION TAKEN APPROVED as shown on certificate issued Inspector Signature Inspector's | | | Record of Action | | | |
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